PAGE 1 / 31

Image# 13960559422

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than	An Authorized	l Committee			Office Use Or	nly
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, r the lines.	type	12FE4M5		
American Health Care	Association P	Political Action	Committee	<b>:</b>			
ADDRESS (number and street)	1201 L Street, NV	<b>V</b>					
Check if different than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		5	STATE A	ZIP	CODE A
C C00006080		3. IS THIS REPORT	× NEV	OR	AN (A)	MENDED )	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	Jun	20 (M5) 20 (M6) 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  X Jan 31 (YE)
April 15 Quarterly Report (C  July 15 Quarterly Report (C  October 15 Quarterly Report (C  January 31 Year-End Report (Y	(c) 12-Day PRE-E Report		Primary (12P)  Convention (12C)	D /	General Special (	(12S)	Runoff (12R)
July 31 Mid-Year Report (Non-electio Year Only) (MY)  Termination Report (TER)	POST-	Election for the:	General (30G)	D /	Runoff (S	in t	Special (30S)
5. Covering Period 11	M / D D / 27	2012	through	M M M	31	2012	Y
I certify that I have examined th Type or Print Name of Treasure	•	•	wledge and belie	ef it is tru			
Signature of Treasurer Mr.	Leonard Russ		[Electronically Fil	<i>led]</i> D	ate 01	31	2013
NOTE: Submission of false, errone	eous, or incomplete	information may su	bject the person	signing th	is Report to the	he penalties o	f 2 U.S.C. §437g.
Office Use Only						1	ORM 3X 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Health Care Association Political Action Committee

Report Covering the Period: From: 11 27 2012 To: 12 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		355025.32
	(b) Cash on Hand at Beginning of Reporting Period	254829.44	
	(c) Total Receipts (from Line 19)	47740.84	1010142.33
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	302570.28	1365167.65
7.	Total Disbursements (from Line 31)	14955.00	1077552.37
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	287615.28	287615.28
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Health Care Association Political Action Committee

	I. Receipts	COLUMN B Calendar Year-to-Date				
1. C	Contributions (other than loans) From:	Total This Period				
(;	a) Individuals/Persons Other					
	Than Political Committees					
	(i) Itemized (use Schedule A)	42167.33	885683.54			
	(ii) Unitemized	573.51	42312.59			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	42740.84	927996.13			
,	p) Political Party Committees	0.00	0.00			
((	c) Other Political Committees (such as PACs)	5000.00	27500.00			
(	d) Total Contributions (add Lines					
0 -	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	47740.84	955496.13			
	ransfers From Affiliated/Other Party Committees	0.00	0.00			
3. A	Il Loans Received	0.00	0.00			
4. L	oan Repayments Received	0.00	0.00			
5. C	Offsets To Operating Expenditures	,	,			
	Refunds, Rebates, etc.)					
	Carry Totals to Line 37, page 5)	0.00	15973.12			
-	lefunds of Contributions Made	,	·			
to	Federal Candidates and Other					
	olitical Committees	0.00	36673.08			
	Other Federal Receipts					
8. T	Dividends, Interest, etc.) ransfers from Non-Federal and Levin Funds a) Non-Federal Account	0.00	2000.00			
(	(from Schedule H3)	0.00	0.00			
(1	b) Levin Funds (from Schedule H5)	0.00	0.00			
(	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II.	Disbursements	COLUMN B Calendar Year-to-Date				
21. Operating E	xpenditures: — d Federal/Non-Federal	Total This Period	Calchaal Ical-to-Date			
	(from Schedule H4)					
(i) Fe	deral Share	0.00	0.00			
(ii) No	n-Federal Share	0.00	0.00			
` '	ederal Operating					
Expend	itures	955.00	19515.23			
	perating Expenditures	055.00	40545.00			
	(a)(i), (a)(ii), and (b))▶  Affiliated/Other Party	955.00	19515.23			
	Anniated/Other Farty	0.00	0.00			
<ul> <li>Contributions</li> <li>Federal Can</li> </ul>	s to didates/Committees					
and Other P	olitical Committees	14000.00	1021489.00			
. Independent		0.00	0.00			
<ul> <li>Coordinated</li> </ul>	le E)Party Expenditures	7	0.00			
(2 U.S.C. § <sup>2</sup> (use Schedu	141a(d)) Ile F)	0.00	0.00			
,	F					
Loan Repay	ments Made	0.00	0.00			
Loans Made	<u></u>	0.00	0.00			
Refunds of (	Contributions To:	7				
Than P	als/Persons Other olitical Committees	0.00	30548.14			
			0.00			
	Party Committees	0.00	0.00			
(-)	s PACs)	0.00	0.00			
	_					
(-)	ontribution Refunds	0.00	30548.14			
(add Lir	nes 28(a), (b), and (c))▶	0.00	30346.14			
. Other Disbu	rsements	0.00	6000.00			
		7				
	ction Activity (2 U.S.C. §431(20))					
. ,	d Federal Election Activity chedule H6)					
	eral Share	0.00	0.00			
.,	=		200			
` '	in" Share	0.00	0.00			
. ,	Election Activity Paid Entirely th Federal Funds	0.00	0.00			
	ederal Election Activity (add					
	30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Diah	coments (add Lines 01/s) 00					
	sements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c))	14955.00	1077552.37			
_0, _7, _0,	20, 27, 20(a), 20 and 00(0))	14900.00	101/332.31			
	l Disbursements					
	e 21(a)(ii) and Line 30(a)(ii)	1,000.00	1077550 07			
from Line 31	1)	14955.00	1077552.37			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	47740.84	955496.13
4. Total Contribution Refunds (from Line 28(d))	0.00	30548.14
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47740.84	924947.99
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	955.00	19515.23
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	15973.12
3. Net Operating Expenditures (subtract Line 37 from Line 36)	955.00	3542.11

	FOR	R LINE	NU	MBER	:	PAGE	=	6	U
	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
, ,		12		1/		15		16	

31

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Scott James Allen Date of Receipt Mailing Address 209 West Osborne Ave 2012 11 29 City State Zip Code Transaction ID: C1876377 FL Tampa 33603 Amount of Each Receipt this Period FEC ID number of contributing C 45.50 federal political committee. Name of Employer Occupation Vice President, Government Relations Healthcare Navigator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.50 Other (specify) Full Name (Last, First, Middle Initial) B. Scott James Allen Date of Receipt Mailing Address 209 West Osborne Ave 2012 12 29 City State Zip Code Transaction ID: C1889835 FL Tampa 33603 Amount of Each Receipt this Period FEC ID number of contributing 45.50 federal political committee. Name of Employer Occupation Healthcare Navigator Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 500.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Michael Beal Date of Receipt Mailing Address 10 Glenwood Road 2012 12 19 City Zip Code State Transaction ID: C1887889 NH Whindham 03087 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President Kindred Healthcare

SUBTOTAL of Receipts This Page (optional)			7		Ξ	7	_	2	216.0	0
TOTAL This Period (last page this line number only)		_	7	_	_	7	_	_		

500.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

31

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Lyn C. Bentley Date of Receipt Mailing Address 2212 Hidden Valley Ln 2012 12 31 City Zip Code State Transaction ID: C1890730 MD Silver Spring 20904-5240 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation American Health Care Association Senior Director, Regulatory Services Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$20.00 Bi-Weekly 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Casey Date of Receipt Mailing Address 3075 E Thousand Oaks Blvd 12 06 2012 City State Zip Code Transaction ID: C1886965 Westlake Village CA 91362-3402 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation The Chase Group Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Chase Date of Receipt Mailing Address 5374 Long Shadow Ct 2012 12 06 State Zip Code Transaction ID: C1886966 CA Westlake Village 91362-5223 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Partner The Chase Group Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 2560.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF		31
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	tion Political Action Occurring	
American Health Care Associate	uon Poiliicai Action Committee	
Full Name (Last, First, Middle Initial)  A. Scott Chon		Date of Receipt
Mailing Address 41961 Black Mountain Trail		12 27 2012
City	State Zip Code	Transaction ID : C1888236
Murrieta	CA 92562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	1
News Financial and Facility Insurance	Financial Advisor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Tim Daniel		Date of Receipt
Mailing Address 910 Lia St		M = M / D = D / Y = Y = Y
City	Chaire 71: 0 1	12 06 2012
City Patterson	State Zip Code	Transaction ID : C1886967
Patterson	LA 70392-4220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Patterson Healthcare Center	Administrator	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
	333.03	
Full Name (Last, First, Middle Initial)  C. RaeAnne Davis		Date of Receipt
Mailing Address 9801 La Duke Drive		12 26 2012
City	State Zip Code	Transaction ID : C1888165
Kensington	MD 20895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	1
American Health Care Association	Chief Strategic Officer & Senior VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3500.00	
CURTOTAL		1437.50
SUBTOTAL of Receipts This Page (optional)		1437.30
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	5 9 OF	31				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Richard A Dillon		Date of Receipt
Mailing Address 15703 NW Fair Acres Drive	;	12 13 2012
City	State Zip Code	Transaction ID : C1886963
Vancouver	WA 98685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	7
Avamere Health Services, Inc.	Owner	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)  Christopher Donnellan		Date of Receipt
Mailing Address 2800 Marshall St		M = M / D = D / Y = Y = Y
City	Stata 7in Code	12 21 2012
City Falls Church	State Zip Code VA 22042	Transaction ID : C1889813
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
AHCA	Government Relations	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 911 S Randolph St		Date of Receipt
City	State Zip Code	12 31 2012 Transaction ID : C1890732
Arlington	VA 22204-1564	Transaction ID : C1890732  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.19
Name of Employer	Occupation	1
American Health Care Association	Editor in Chief, Provider Magazine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		* Payroll Deduction: \$38.47 Bi-Weekly
Other (specify) ▼	961.53	<u> </u>
SUBTOTAL of Receipts This Page (optional).		5365.19
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Karen Goldsmith Date of Receipt Mailing Address PO Box 875 19 2012 12 City Zip Code State Transaction ID: C1887825 FL Cape Canaveral 32920 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation Goldsmith & Grout PA Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jerry Holloway Date of Receipt Mailing Address 17011 Beach Blvd., Ste 1130 2012 12 27 City State Zip Code Transaction ID: C1889749 CA 92647-7402 **Huntington Beach** Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Anberry Rehabilitation Hospital Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sean Hurley Date of Receipt Mailing Address 74 Kingery Drive M = M 2012 12 31 City Zip Code State Transaction ID: C1889951 TX El Paso 79902 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Medline Industries Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Carole Jones Date of Receipt Mailing Address 5601 Seminary Road, Apt. 2505N 2012 12 13 City Zip Code State Transaction ID: C1886962 VA Falls Church 22041 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation American Health Care Association Executive Assistant to the President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Kase Date of Receipt Mailing Address 5124 Pine Rocklands Ave 2012 11 30 City State Zip Code Transaction ID: C1878118 FL Litha 33547 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Cypress Health Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 2187.50 Other (specify) Full Name (Last, First, Middle Initial) c. Sonya Kemp Date of Receipt Mailing Address 438 N. Water Ave M M 2012 12 19 City Zip Code State Transaction ID: C1887820 TN Gallatin 37066 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Administrator Gallatin Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 1872.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cheryl Killian Date of Receipt Mailing Address 3801 Woodside Dr 2012 12 24 City State Zip Code Transaction ID: C1899593 TX 76016-3030 Arlington Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Legacy Care Centers Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer S Knorr Hahs Date of Receipt Mailing Address 900 N Randolph St Apt 1927 28 2012 12 City State Zip Code Transaction ID: C1889827 VA Arlington 22203-4082 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation American Health Care Association Director, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 898.32 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer S Knorr Hahs Date of Receipt Mailing Address 900 N Randolph St 2012 12 31 Apt 1927 City State Zip Code Transaction ID: C1890733 VA Arlington 22203-4082 Amount of Each Receipt this Period FEC ID number of contributing 80.49 С federal political committee. Name of Employer Occupation Director, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$26.83 Bi-Weekly 898.32 Other (specify) 355.49 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

13 OF 31 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 2012 12 31 City Zip Code State Transaction ID: C1890734 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing C 288.48 federal political committee. Name of Employer Occupation **Executive Director** National Center for Assisted Living Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$96.16 Bi-Weekly 2307.84 Other (specify) Full Name (Last, First, Middle Initial) B. Bethany R Martino Date of Receipt Mailing Address 8559 Window Latch Way 2012 12 31 City State Zip Code Transaction ID: C1890735 MD Columbia 21045 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation American Health Care Association Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$20.00 Bi-Weekly 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kate McCullough Date of Receipt Mailing Address 9217 Kingsbury Drive 12 31 2012 City Zip Code State Transaction ID: C1890736 MD Silver Spring 20910 Amount of Each Receipt this Period FEC ID number of contributing С 34.11 federal political committee. Name of Employer Occupation Vendor Relations Coordinator American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$11.37 Bi-Weekly 227.40 Other (specify) 382.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

- 9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

31

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Meillier Date of Receipt Mailing Address 27 Brand Ave 19 2012 12 City Zip Code State Transaction ID: C1888004 MN Faribault 55021-6411 Amount of Each Receipt this Period FEC ID number of contributing C 82.50 federal political committee. Name of Employer Occupation Pleasant Manor Inc Social Services Dir Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Arlene Miles Date of Receipt Mailing Address 6061 S. Brook Valley Way 2012 12 10 City State Zip Code Transaction ID: C1885807 CO Centennial 80121 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Colorado Health Care Association President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Miller Date of Receipt Mailing Address 11573 Stablewatch Court 2012 12 05 City Zip Code State Transaction ID: C1883362 OH Cincinnati 45249 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President, Operations Health Care Management Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1332.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Rick Miller Date of Receipt Mailing Address 25115 SW Parkway 05 2012 12 City State Zip Code Transaction ID: C1883760 OR Wilsonville 97070 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Avamere Group Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Meredith Myers Date of Receipt Mailing Address 2464 Hwy 67 N 2012 12 31 City State Zip Code Transaction ID: C1890729 AR Prescott 71857 Amount of Each Receipt this Period FEC ID number of contributing 485.00 federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 485.00 Other (specify) Full Name (Last, First, Middle Initial) c. Natasha Nadkarni Date of Receipt Mailing Address 108 Faskin Lane 02 2012 12 City Zip Code State Transaction ID: C1879115 SC Lexington 29072 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Laurel Baye Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 5735.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	. 1	16	OF	31
(cl	(check only one)									
	<b>X</b> 1	1a		11b		11c		12		
	1	3		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Roberts Nelson		Date of Receipt
Mailing Address 3075 E Thousand Oaks Blvd		12 06 2012
City	State Zip Code	Transaction ID : C1886968
Westlake Village	CA 91362-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
The Chase Group	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)  3. Julie C Painter		Date of Receipt
Mailing Address 5023 Waple Ln		12 31 2012
City	State Zip Code	12 31 2012 Transaction ID : C1890737
Alexandria	VA 22304-7727	Amount of Each Receipt this Period
		5. East Hoosipt tills I Glidd
FEC ID number of contributing federal political committee.	C	34.58
Name of Employer	Occupation	
American Health Care Association	Senior Director of Constituency Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	288.46	* Payroll Deduction: \$11.54 Bi-Weekly
Full Name (Last, First, Middle Initial)  C. Jason Palculict		Date of Receipt
Mailing Address 701 Fair Park Dr		12 21 2012
City	State Zip Code	Transaction ID : C1889812
Henderson	TX 75654-3207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Nexion Health	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1784.58
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	1	17	OF	31
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

		atements may not be sold or used by any personame and address of any political committee to	
	COMMITTEE (In Full)		
Americ	an Health Care Associati	on Political Action Committee	
. Mark V I	(Last, First, Middle Initial) Parkinson		Date of Receipt
Mailing Add	dress 8930 Harvest Square Ct		12 31 2012
City		State Zip Code	Transaction ID : C1890738
Potomac		MD 20854-4475	Amount of Each Receipt this Period
	mber of contributing itical committee.	C	600.00
Name of E	mployer	Occupation	
	Health Care Association	President and CEO	
Receipt Fo		Aggregate Year-to-Date ▼ 4600.00	* Payroll Deduction: \$200.00 Bi-Weekly
3. Christop	(Last, First, Middle Initial) her Parks		Date of Receipt
Mailing Add	dress 1532 Falston Lane		M = M / D = D / Y = Y = Y
City		State Zip Code	12 31 2012
Crofton		MD 21114	Transaction ID : C1890739  Amount of Each Receipt this Period
	mber of contributing		or Lasti Hoosipt tills Fellod
federal pol	itical committee.	C	28.74
Name of E		Occupation	
	Health Care Association	Director of IT and Operations	
Receipt Fo		Aggregate Year-to-Date ▼	
Othe	ary	240.38	* Payroll Deduction: \$9.62 Bi-Weekly
Full Name  Jeffrey	(Last, First, Middle Initial) Parrish		Date of Receipt
	dress 11156 Sardis-Scotts Hill Road		12 13 2012
City		State Zip Code	Transaction ID : C1886961
Scotts Hill		TN 38374	Amount of Each Receipt this Period
	mber of contributing itical committee.	C	550.00
Name of E	mployer	Occupation	
	Health Management	General Counsel	
Receipt Fo		Aggregate Year-to-Date ▼	
Prima Othe	ary General r (specify) ▼	550.00	
SUBTOTAL	of Receipts This Page (optional)	<b>&gt;</b>	1178.74
TOTAL This	Period (last page this line number of	only)	
	, ,	• • • • • • • • • • • • • • • • • • • •	

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

18 OF 31 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Mebane Pruitt Date of Receipt Mailing Address 4275 NE Lakehaven Drive 2012 12 13 City Zip Code State Transaction ID: C1886888 GΑ Atlanta 30319 Amount of Each Receipt this Period FEC ID number of contributing C 937.50 federal political committee. Name of Employer Occupation N/A Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 4062.50 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon C Purvis Date of Receipt Mailing Address 7805 Sycamore Drive 2012 12 31 City State Zip Code Transaction ID: C1890741 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 71.42 federal political committee. Name of Employer Occupation American Health Care Association Senior Director, Vendor Relations Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$23.81 Bi-Weekly 476.19 Other (specify) Full Name (Last, First, Middle Initial) c. Jolene Roberts Date of Receipt Mailing Address 1702 Hillcrest Drive M = M 2012 12 19 City State Zip Code Transaction ID: C1888003 NF Bellevue 68005-3652 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Hillcrest Health Systems Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2008.92 SUBTOTAL of Receipts This Page (optional).....

- 9

9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Scott Robertson Date of Receipt Mailing Address 4497 Spring Meadow Drive 07 2012 12 City State Zip Code Transaction ID: C1884509 UT Bountiful 84010 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Director Acquisition and Development 24-7 Long Term Care Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Angelo S. Rotella Date of Receipt Mailing Address 4 Pond View Ct 2012 12 23 City State Zip Code Transaction ID: C1888124 Smithfield RΙ 02917 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Friendly Home President/Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maryanne Sapio Date of Receipt Mailing Address 1324 South Kenmore Circle M = M 2012 12 31 City Zip Code State Transaction ID: C1890743 Arlington VA 22204 Amount of Each Receipt this Period FEC ID number of contributing С 115.19 federal political committee. Name of Employer Occupation Senior Director, Government Relations American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$38.47 Bi-Weekly 961.53 Other (specify) 2365.19 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 20 OF 31

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Gerald Schroer Jr.  Mailing Address 1608 Muirfield NW  City Canton  FEC ID number of contributing federal political committee.  Name of Employer  TSG Ancillaries  Receipt For:  Primary General Other (specify)	State Zip Code OH 44708  C  Occupation  Healthcare Executive  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 07 2012  Transaction ID : C1884510  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Jennifer S Shimer  Mailing Address 9507 Shelly Krasnow Ln  City Fairfax  FEC ID number of contributing federal political committee.	State Zip Code VA 22031-4720	Date of Receipt  12 31 2012  Transaction ID : C1890745  Amount of Each Receipt this Period
Name of Employer American Health Care Association  Receipt For:  Primary  General  Other (specify) ▼	Occupation COO  Aggregate Year-to-Date ▼  884.81	* Payroll Deduction: \$38.47 Bi-Weekly
Full Name (Last, First, Middle Initial)  Matthew D. Smyth  Mailing Address 2405 I St NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Health Care Association  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20037-2206  C  Occupation Director of Grassroots  Aggregate Year-to-Date ▼	Date of Receipt  12 31 2012  Transaction ID: C1890746  Amount of Each Receipt this Period  57.72  * Payroll Deduction: \$19.24 Bi-Weekly
		1472 42
SUBTOTAL of Receipts This Page (optional)	<u></u>	1173.13
TOTAL This Period (last page this line number of	only) ▶	

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

31

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Peter Van Runkle Date of Receipt Mailing Address 55 Green Meadows Dr. S 19 2012 12 City Zip Code State Transaction ID : C1887826 OH Lewis Center 43035 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **Executive Director** Ohio Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jack Vetter Date of Receipt Mailing Address 20220 Harney Street 2012 12 21 City State Zip Code Transaction ID: C1889810 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Vetter Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Nile Whitney Date of Receipt Mailing Address 4700 Village Green Drive 2012 12 21 City State Zip Code Transaction ID: C1889811 CA El Dorado Hills 95762 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Medline Industries Sales Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 1525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 22 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Klagen Leasing Date of Receipt Mailing Address 3715 SW 29th St 31 2012 12 City State Zip Code Transaction ID: C1890747 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jim Klausman Date of Receipt Mailing Address 3715 SW 29th Street Suite 200 2012 12 31 City State Zip Code Transaction ID: C1913539 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Midwest Health Management President Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Klagen Leasing Date of Receipt Mailing Address 3715 SW 29th St M M / 2012 12 31 City State Zip Code Transaction ID: C1890748 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

31

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jim Klausman Date of Receipt Mailing Address 3715 SW 29th Street Suite 200 31 2012 12 City State Zip Code Transaction ID: C1913538 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Midwest Health Management President Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Klagen Properties Date of Receipt Mailing Address 3715 SW 29th St 2012 12 31 City State Zip Code Transaction ID: C1890749 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Floyd Eaton Date of Receipt Mailing Address 3715 SW 29th St 2012 12 31 Ste 200 Zip Code City State Transaction ID: C1913541 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Midwest Health Services Inc Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

- 9

Use separate schedule(s) for each category of the Detailed Summary Page

_		NUMBE	R:	PAGE	24	4 OF	31
(che	eck only	one)					
×	11a	11b		11c	-	12	
	13	14		15	<b>-</b>	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Klagen Properties  Mailing Address 3715 SW 29th St		Date of Receipt
		12 31 2012
City	State Zip Code KS 66614-2107	Transaction ID : C1890750
Topeka	KS 66614-2107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  Floyd Eaton		Date of Receipt
Mailing Address 3715 SW 29th St Ste 200	State 7:- 0-1	12 31 2012
City Topeka	State Zip Code KS 66614-2164	Transaction ID : C1913540
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	2500.00
Name of Employer Midwest Health Services Inc	Occupation	
Receipt For:	Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number	r only)	42167.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 31 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	by information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Health Care Association	on Politio	cal Action Committee	
Α.	Full Name (Last, First, Middle Initial) Kindred Healthcare Inc. Political Action	Committe	ee	Date of Receipt
	Mailing Address 680 S 4th St			12 31 2012
	City	State	Zip Code	Transaction ID : C1890728
	Louisville	KY	40202-2407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0242271	5000.00
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	Unsolicited Contribution
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	American of Feels President this Posical
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
— с.	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
5	UBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

#### S ľ

SCI	HEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE					<u>26</u>	6 OF 31						
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	(check only one)											
			Summary Page		×	21b	22		23		24	25		26		
						27	28a		28b		28c	29		30b		
	information copied from such Reports and Staten r commercial purposes, other than using the nam													ŝ		
N	AME OF COMMITTEE (In Full)															
$\rangle$	American Health Care Association	Politica	I Action Cor	mm	ittee	)										
	ull Name (Last, First, Middle Initial)															
_	American Express						Date of Disbursement									
_	ailing Address PO Box 53773						12	4	1	0		2012				
		State	Zip Code				Trar	sact	ion ID	: D	140045					
	hoenix urpose of Disbursement	AZ	85072-3773							_						
(	Credit Card Processing Fees						Amou	nt of	Each	Dis	burseme	ent this	Perio	od		
	andidate Name			С	ategoi Type	ry/			,		7	16	0.00			
С		nent For: Primary Other (spe	General													
S	tate: District:	Other (spec	City) $\blacktriangledown$													
	ull Name (Last, First, Middle Initial)															
	American Express								isburse							
N	ailing Address PO Box 53773						12	- 1		1	/ Y	2012	Y			
F	hoenix	State AZ	Zip Code 85072-3773				Trai	nsac	tion ID	: D	140046					
	urpose of Disbursement Credit Card Processing Fees			Г			Amou	nt of	Each	Dis	burseme	ent this	Perio	od		
C	andidate Name			C	ategoi Type	ry/			,		,	7	2.00			
		nent For: Primary Other (spec	General cify) ▼													
	ull Name (Last, First, Middle Initial)															
	American Express								isburse							
N	ailing Address PO Box 53773						12	_	1	7	/ Y	2012	Y			
		State AZ	Zip Code 85072-3773				Trai	nsact	tion ID	: D	140049					
P	urpose of Disbursement				-	$\neg$										
	Credit Card Processing Fees andidate Name			C	ategoi	ry/	Amou	nt of	Each	Dis	burseme		Perio	bc		
_	ffice Sought: House Disbursen	aont Fa			Туре			_	7		7	J				
C	Senate	nent For: Primary Other (spe	General													
S	tate: District:	(opo														
	BTOTAL of Disbursements This Page (optional)  FAL This Period (last page this line number only)						Ľ.	+	7		7	262	2.00			

### ľ

S	CHEDULE B (FEC Form 3X)			FOR LIN	PAGE 27 OF 31		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o	nly one)		
			Summary Page	X 21		23 28b	24 25 26 28c 29 30b
ΓΔ,	ny information copied from such Reports and Staten	nente may	not be sold or us				
	for commercial purposes, other than using the name						
$\setminus$	NAME OF COMMITTEE (In Full)						
	American Health Care Association	Politica	I Action Cor	nmittee			
_	Full Name (Last, First, Middle Initial)						
Α.	American Express				Date	of Disburse	
	Mailing Address PO Box 53773				12	2	2012
		State	Zip Code		Trar	saction ID	: D140050
	Phoenix Purpose of Disbursement	AZ	85072-3773				
	Credit Card Processing Fees				Amou	nt of Each	Disbursement this Period
	Candidate Name			Category/			44.00
				Type	_		44.00
	Office Sought: House Disburser						
	Senate President	Primary Other (spe	General				
	State: District:	Outer (She	∪iiy <i>)</i> ▼				
_	Full Name (Last, First, Middle Initial)						
В.	American Express				Date	of Disburse	ement
					M	W / D	D / Y Y Y Y Y
	Mailing Address PO Box 53773				12	2	27 2012
	City S Phoenix	State AZ	Zip Code 85072-3773		Trai	saction ID	: D140051
	Purpose of Disbursement Credit Card Processing Fees				Amou	nt of Each	Disbursement this Period
	Candidate Name			Category/			00.00
				Type	_		32.00
	Office Sought: House Disburser		Camanal				
	Senate President	Primary Other (spe	General				
	State: District:	Other (spec	Olly) $\blacktriangledown$				
_	Full Name (Last, First, Middle Initial)				+		
C.	American Express				Date	of Disburse	ement
					M =		
	Mailing Address PO Box 53773				12	3	2012
	City	State	Zip Code				. D440050
	Phoenix	AZ	85072-3773		Tran	isaction ID	: D140052
	Purpose of Disbursement Credit Card Processing Fees						
	Candidate Name				Amou	nt of Each	Disbursement this Period
	Candidate Name			Category/ Type			80.00
	Office Sought: House Disburser	nent For:		.,,,,		7	
	Senate	Primary	General				
	President	Other (spe	cify) ▼				
_	State: District:						
							150.00
L	SUBTOTAL of Disbursements This Page (optional)			······			156.00
١,	OTAL This Period (last page this line number only)						
1 '	2 This i ones (last page this line number only)						

#### S ľ

S	CHEDULE B (FEC Form 3X)								E 28	28 OF 31							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	)	(check only one)				,								
			Summary Page		×	21b 27		2		23 28b		24 28c	25 29		26		
_								8a							30b		
	ny information copied from such Reports and Statem for commercial purposes, other than using the name																
$\setminus$	NAME OF COMMITTEE (In Full)		_														
	American Health Care Association	Politica	Action Cor	ηm	ittee	<b>;</b>											
_	Full Name (Last, First, Middle Initial)																
Α.	BB&T Merchant Services						Date of Disbursement										
	Mailing Address PO Box 200						L	12	L	1	7	L	2012	_			
	,	State	Zip Code				т	ane	acti	on ID	٠ ٦٠	140054					
	Wilson Purpose of Disbursement	NC	27894-0200				•	uno	uou	011 12		. 40004					
	Credit Card Processing Fees						Am	ount	of	Each	Disl	oursem	ent this	Peri	iod		
	Candidate Name			С	ategoi Type	ry/			Ξ			7	5	4.40	)		
	Office Sought: House Disbursen	nent For:															
		Primary	General														
		Other (spe	cify) 🔻														
_																	
B	Full Name (Last, First, Middle Initial)  BB&T Merchant Services						Dat	te of	Dis	sburse	mer	nt					
٠.	DD&T MEICHAIR Services							. M			D		YY	V			
	Mailing Address PO Box 200						IVI	12			7	Ĺ	2012				
	•	State NC	Zip Code 27894-0200				т	rans	acti	ion ID	: D	140055					
	Purpose of Disbursement Credit Card Processing Fees		2.00.0200	Т	-	$\neg$	Λ		of		Dial		ant thia	Dori	iad		
	Candidate Name			L	-		Am	oun	01	Eacn	DISI	oursem	ent this	Peri	100		
				С	ategor Type	ry/	L			7		7	8	86.95	5		
	Office Sought: House Disbursen																
		Primary Other (spec	General														
	State: District:	Other (spec	olly) 🔻														
	Full Name (Last, First, Middle Initial)																
C.	BB&T						Da	te of	Dis	sburse	mer	nt					
	Mailing Address 1099 New York Ave NW							∎ м 12	/	2		/ Y	2012	Y			
	Ste 100							12	ı.		•		2012	-	ı		
	City	State	Zip Code				Т	rans	acti	ion ID	: D	140057			,		
	Washington Purpose of Disbursement	DC	20001-4452			_											
	Bank Fees						Am	ount	of	Each	Disl	oursem	ent this	Peri	iod		
	Candidate Name			С	ategoi Type	ry/	Г						8	8.25			
	Office Sought: House Disbursen	nent For:										7			_		
		Primary	General														
		Other (spec	cify) 🔻														
	State: District:																
s	SUBTOTAL of Disbursements This Page (optional)					•				,		- 1	22	9.60			
1	OTAL This Period (last page this line number only)					•				,		7					

#### S ľ

SCI	HEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE					29	OF	31		
ITE	MIZED DISBURSEMENTS	Use separate schedule for each category of the		(chec	(check only one)								
		Detailed Summary Pag		<u> </u>	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Δην	information copied from such Reports and Staten	ente may not be cold or	usad	by any			nur		of so			tions	
or fo	or commercial purposes, other than using the name	e and address of any po	litical	commit	tee to	solicit co	ntrib	utions	froi	m such	commit	tee.	
I \	AME OF COMMITTEE (In Full)												
/ <i>f</i>	American Health Care Association	Political Action Co	omr	nittee	!								
	ull Name (Last, First, Middle Initial)					Data	( D:						
Α. [	BB&T					Date o							
N	lailing Address 1099 New York Ave NW					12		2	_		2012	Y	
_	Ste 100	7'- 0-1-											
	ity /ashington	State Zip Code DC 20001-4452				Trans	sacti	ion ID	: D1	140058			
P	urpose of Disbursement	20001 1102	Te	-	_								
•	Bank Fees		⊥ L			Amoun	nt of	Each	Disk	ourseme	ent this	Perio	d
С	andidate Name			Categor	y/						30	7.40	П
Ō	ffice Sought: House Disbursen	nent For:		Type				7		,			
	Senate	Primary Genera	I										
0		Other (specify) ▼											
	tate: District: ull Name (Last, First, Middle Initial)												
В.	un Name (Last, Frist, Middle Illitial)					Date o	of Dis	sburse	mer	nt			
_						M - M	/	D	D	/ Y	Y	Υ	
N	lailing Address							_		_		Ш	
C	ity	State Zip Code											
₽	urpose of Disbursement		_										
'	urpose of bisbursement		П			Amoun	nt of	Each	Disk	ourseme	ent this	Perio	d
C	andidate Name		15	Categor	γ/		-	-	_				П
_	(C., O., b)			Type			-	7	-	7			_
Ü	ffice Sought: House Disbursen Senate	nent For: Primary General	I										
		Other (specify)	•										
	tate: District:												
	ull Name (Last, First, Middle Initial)					Date o	t D:	-h					
C.						M M	_	SDUISE			Y	V	
N	lailing Address					IVI - IVI				Ĺ.			
C	ity S	State Zip Code											
P	urpose of Disbursement												
•	a.pass o. 2.020.cos		П			Amoun	nt of	Each	Dist	ourseme	ent this	Perio	d
C	andidate Name			Categor Type	ry/			-					٦
Ō	ffice Sought: House Disbursen	nent For:		21.				7		- 5			7
		Primary Genera	l										
S	President Late: District:	Other (specify) ▼											
$\Box$	Biotriot.					-		_	_				_
SU	BTOTAL of Disbursements This Page (optional)				•						307	7.40	
						_					OF	. 00	Ħ
TO.	TAL This Period (last page this line number only)				•			7		,	958	5.00	

### ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and Stator for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)	,		
American Health Care Associatio	n Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. BEATTY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 172			12 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		T ID D40000
Columbus	OH 43216-0172		Transaction ID: D139897
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
JOYCE BEATTY		Туре	2300.00
Office Sought:    House   Disburs	ement For: 2014 Primary General Other (specify)		
State: OH District: 03			
Full Name (Last, First, Middle Initial)			
B. Friends of John Delaney			Date of Disbursement
Mailing Address PO Box 60320			12 18 2012
City Potomac	State         Zip Code           MD         20859-0320		Transaction ID : D139896
Purpose of Disbursement Contribution - Debt Retirement			Amount of Each Disbursement this Period
Candidate Name  John Delaney		Category/	1500.00
	ement For: 2012	Туре	
Senate President State: MD District: 06	Primary		
Full Name (Last, First, Middle Initial)			
C. JOHN TIERNEY FOR CONGRES	SS		Date of Disbursement
Mailing Address 49 Federal Street			12 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID : D139898
Salem Purpose of Disbursement	MA 01970		
Contribution - Debt Retirement			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. John F. Tierney		Type	1500.00
Senate President	ement For: 2012 Primary General Other (specify)		
State: MA District: 06			
SUBTOTAL of Disbursements This Page (optional	)	<u> </u>	5500.00
TOTAL This Period (last page this line number on	ly)		

### ľ

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 OF 31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information conied from such Departs and Classes	ponto mou not ha salal as sec		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)			B
A. ELIZABETH FOR MA INC			Date of Disbursement
Mailing Address PO BOX 290568			12 07 2012
,	State Zip Code		Transaction ID : D139829
BOSTON  Burness of Dishursement	MA 2129		Transaction ib . D133023
Purpose of Disbursement Contribution - Debt Retirement			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Sen. Elizabeth Warren		Type	5000.00
	nent For: 2012		
	Primary		
State: MA District: 00			
Full Name (Last, First, Middle Initial)			
B. UDALL FOR COLORADO			Date of Disbursement
Mailing Address PO BOX 40158			12 07 2012
DENVER	State Zip Code CO 80204		Transaction ID : D139830
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Mark Udall	and Fam. 3333	Туре	1000.00
	nent For: 2014 Primary General		
	Other (specify)		
State: CO District:			
Full Name (Last, First, Middle Initial)		(7.00.45)	
C. TRUTH ACCOUNTABILITY AND COURAGE POLIT	ICAL ACTION COMMITTEE (	(IACPAC)	Date of Disbursement
Mailing Address 228 S Washington St			11 28 2012
Ste 115			20
,	State Zip Code		Transaction ID : D139582
Alexandria Purpose of Disbursement	VA 22314-5404		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disbursen	nent For: 2012	: / ٢٠	
Senate	Primary Seneral		
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			8500.00
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>	
TOTAL This Period (last page this line number only)			14000.00